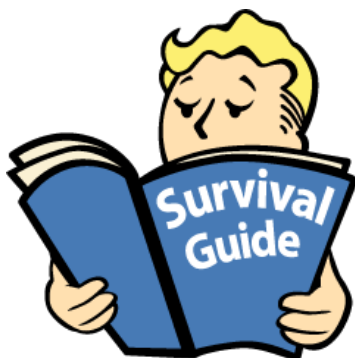




Kentucky Diabetes Prevention and Control Program (KDPCP)

FY 18 Overview Guide

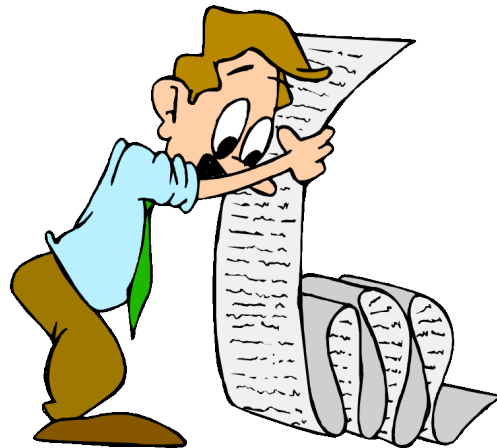
www.chfs.ky.gov/diabetes



Kentucky Public Health
Prevent. Promote. Protect.

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Welcome

The purpose of this guide is to familiarize local health department staff with the Kentucky Diabetes Prevention and Control Program (KDPCP) and the important role they play in it. The KDPCP is a public health initiative consisting of a network of state and local health departments working with community partners to reduce new cases of diabetes as well as the sickness, disability and death associated with diabetes and its complications. Examples of activities include:



Community Awareness and Mobilization

- Promote awareness of diabetes prevention and control to the general public via multiple venues, utilizing various state and national educational tools.
- Create and maintain active partnerships/coalitions to jointly identify diabetes-related issues and solutions at the state and local level among health care professionals, persons with or at risk for diabetes, and other key stakeholders.

Community Diabetes Resource Assessments

- Assess local diabetes resources.
- Maintain an up-to-date listing of these resources (Diabetes Prevention Programs, Diabetes Self-Management Education, Support Groups, Endocrinologists, Coalitions, etc.) within the Kentucky Diabetes Resource Directory.

Community Group Education

- Increase access to, and participation in, evidence-based group education classes (particularly those with national accreditation/recognition status):
 - Diabetes Self-Management Education (DSME) and Support (DSMS)
 - Diabetes Prevention Program (DPP)

Professional Education/Quality Improvement

- Facilitate and/or provide up-to-date continuing education, ongoing strategic communications, improvement processes and tools to assist health care systems, providers, health plans and other key stakeholders in serving people with, and at risk for, diabetes.

Surveillance, Reports, Evaluation

- Monitor community and state data to assess the impact of diabetes.
- Plan appropriate interventions and evaluate program efforts.
- Share data with stakeholders.

Technical Assistance/Communication

Monthly Calls

Conference calls are held approximately once per month, usually on the fourth Wednesday of the month at 10:00 a.m. Eastern. Dates for this fiscal year (July 1, 2017 – June 30, 2018) are listed below but are subject to change. Please watch the *KDPCP Notes* for changes.

- July 26, 2017
- August 23, 2017
- September 27, 2017
- October 25, 2017
- November – no meeting
- **December 7, 2017 – in-person meeting**
- January 24, 2018
- February 28, 2018
- March 28, 2018
- April 25, 2018
- May 23, 2018
- June 27, 2018



“KDPCP Notes”

KDPCP staff sends a monthly e-mail to all our diabetes contacts in between the monthly conference calls. These notes contain updates, new materials, upcoming events/conferences, and more. If you have something you would like to see listed in the *KDPCP Notes*, please let one of the state staff know!

“Kentucky Diabetes Connection”

This quarterly newsletter, created in partnership with 10 diabetes organizations, is the communication tool for sharing Kentucky diabetes news to health professionals and diabetes advocates. Follow the link below to download current and past issues.

http://www.kydiabetes.net/connection_newsletter.html

Scorecard

Individual LHD Diabetes Program Scorecards were issued for the first time in FY 17. The cards utilized a simple scoring system to measure key indicators applicable across all funding levels in the following three categories.

1. Community progress on targeted short term outcomes (*increasing access and participation in DPP and DSME*)

2. Extent of meeting program expectations (*conference call attendance, timely submission of CATALYST workplans and reporting results, timely completion of Diabetes Resource Assessment/related Survey Monkey, achievement of reaching targeted population, utilization of 809 funds*)
3. Bonus - Extent of exceeding program expectations beyond funding level (*addition of local funds for diabetes work and implementing activities beyond funding requirements*)

A similar scorecard will likely be issued again in the next year or two.

Need Assistance?

We are here to help you! Call or e-mail any one of the state staff anytime. Contact information for the state staff follows.



State Staff Contact

Theresa Renn, RN, BSN, CDE, MLDE *KDPCP Manager*

Role Description: Theresa supervises the diabetes staff and provides daily management of KDPCP at the state level and shares leadership of Diabetes Prevention Program (DPP) and Diabetes Self-management Education (DSME) efforts. She also coordinates and provides expertise for diabetes activities carried out by local health departments.

theresa.renn@ky.gov

Phone: (502)564-7996 ext. 4442

Fax: (502)-564-4667

Reita Jones, RN, BSN, LDE *Diabetes Population/Community Health Coordinator*

Role Description: Reita is responsible for community based activities including coordination of "Diabetes Today" Coalitions and the administration of Diabetes CATALYST, the web-based planning and tracking system used by local health departments. Reita also plays a major role in efforts to establish collaborative relationships with key stakeholders to implement critical changes in the health care system intended to improve access to high quality diabetes care across the state. In addition, she serves as the co-evaluation lead along with the program epidemiologist.

reita.jones@ky.gov

Phone: (502)564-7996 Ext 4443

Fax (502)-564-4667

Becki Thompson, RN, BSN, CDE, MLDE *DSME Coordinator*

Role Description: Becki is one of the leads for the KDPCP umbrella Diabetes Education Accreditation Program (DEAP), Healthy Living with Diabetes (HLWD). She is also a point of contact for the DSME Curriculum and training to use the curriculum. Becki has the primary responsibility for coordinating partnership efforts of the Kentucky Diabetes Network (KDN) and making sure these efforts are incorporated into overall program planning and implantation of activities.

becki.thompson@ky.gov

Phone: (502)564-7996 Ext 4444

Fax (502)-564-4667

Janice Haile, RN, BSN, CDE MLDE***Diabetes Quality Improvement/DPP Coordinator***

Role Description: Janice is responsible for efforts including collaboration with a number of key stakeholders. Janice plays a major leadership role with the Diabetes Prevention Program (DPP) organizations and payers as well as diabetes educators across the state through the KY Coordinating Body (CB) of the American Association of Diabetes Educators (AADE) and local networking groups (LNGs). She also provides leadership for the annual Community Diabetes Resources Assessment, the Kentucky Diabetes Resources Directory, is the editor of the quarterly state diabetes newsletter, and is the co-chair for the statewide KY Diabetes Symposium. Along with other staff, Janice assists with professional education and public health workforce development.

janice.haile@ky.gov

KY Diabetes Prevention and Control Program
1501 Breckenridge Street
Owensboro KY 42303
(270) 686-7747 Ext 3031
Fax (270) 926-9862

Kim DeCoste, RN, MSN, CDE, MLDE***DSME Accreditation Coordinator***

Role Description: Kim works part-time as one of the leads for the KDPCP umbrella Diabetes Education accreditation Program (DEAP), Healthy Living with Diabetes (HLWD) and will have primary responsibility as the DEAP Coordinator. She works with Becki to provide technical assistance to local health departments interested in being part of the umbrella accredited program or those wanting to seek their own accreditation/recognition.

kim.decoste@ky.gov

Phone: (502)564-7996 Ext 4446
Fax (502)-564-4667

Teri Wood, PhD***Chronic Disease Epidemiologist***

Role Description: Teri serves as the Chronic Disease Branch's epidemiologist. She is responsible for surveillance and evaluation including collection, tabulation, analysis and distribution of data regarding chronic diseases.

teri.wood@ky.gov

Phone: (502)564-7996 Ext 4440
Fax (502)-564-4667



Who Do I Contact For What?

Subject Matter	Theresa Renn theresa.renn@ ky.gov	Reita Jones reita.jones@ ky.gov	Janice Haile janice.haile@ ky.gov	Becki Thompson becki.thompson@ ky.gov	Kim DeCoste kim.decoste@ ky.gov	Teri Wood teri.wood@ ky.gov
809 Guidance	X					
841 Guidance		X				
Catalyst (Questions, Training)		X				
Catalyst Plans	X	X	X	X	X	
Coalitions		X				
Community Diabetes Resource Assessment/Survey			X			
Diabetes Basics/Nutrition Basics				X	X	
Diabetes Educator Licensure					X	
Diabetes Prevention Program (DPP)	X		X			
Diabetes Symposium			X			
DSME Accreditation				X	X	
DSME Curriculum				X	X	
Data		X				X
Funding and Grants	X					
KY Diabetes Network (KDN)	X			X		
Diabetes Resource Directory			X			
LHD Calls	X					
Materials		X	X			
Newsletter			X			
Site Visits	X			X	X	
TRAIN				X		

Cost Center 809 (Diabetes) – FY 18 Guidance Document

Purpose

Funds are available to support evidenced-based public health approaches to diabetes prevention and control in alignment with the Department for Public Health's diabetes-related federal grant, the 2017 Kentucky Diabetes Report <http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm> and other state plan documents.



Use of Funds

Funds will be allocated in the 809 cost center. To accomplish greater outcomes for a single county/region, LHDs are encouraged to supplement these funds with additional local funds, collaborate with adjacent LHDs, or partner with other community organizations.

Appropriate use of these funds includes:

- Staff and operating expenses related to the program
- Training and meeting expenses (including travel) related to program needs (i.e., diabetes continuing education, certification/licensure, software training, participation in state diabetes coalition, etc.)
- Electronic data collection and tracking
- Relevant program plan activities, supplies, and materials
- Contracting with other agencies to provide priority services (e.g. Diabetes Prevention Program/Diabetes Self-Management Education)

Provision of clinical services (labs, medication, etc.) are not allowable. If these services appear in the budget, adequate local funds should appear on the revenue side of the budget to cover them.

Target Population

Adult Kentuckians with or at risk for diabetes or prediabetes are the population of focus. In addition, African American, Hispanic/Latino, senior and Appalachian populations have diabetes-related disparities and should be priority target audiences when applicable.

Targeted Outcomes

The following are the priority short term results and outcomes for this effort. Within the LHD service area:

- Increase the number of CDC Recognized Diabetes Prevention Programs (DPPs)
- Increase the number of DPP delivery sites and/or times program is available

- Increase the number of individuals with or at risk for prediabetes enrolled in DPPs
- Increase referrals to DPP programs
- Increase the number of accredited or recognized Diabetes Self-Management Education (DSME) programs (designed to be taught by licensed health professionals)
- Increase the number of Diabetes-Self-Management Support (DSMS) Services such as Stanford programs or the Diabetes Education and Empowerment Program (DEEP (designed to be taught by a non-licensed professional)
- Increase the number of participants in accredited/recognized DSME programs
- Increase referrals to DSME programs

Strategies

Funds/activities in the 809 cost center are to support evidenced-based strategies, specifically:

- Diabetes Prevention Programs (DPP) with an emphasis on achieving the Centers for Disease Control and Prevention (CDC) Recognition
- Comprehensive Diabetes Self-Management Education (DSME) programs with an emphasis on achieving American Association of Diabetes Educators' (AADE) accreditation, or the American Diabetes Association (ADA) Recognition (can be done with KDPCP's Healthy Living With Diabetes Program)
- Stanford Diabetes Self-Management Programs (DSMP)

Interventions/Activities

Required activities vary by funding levels (Basic, Enhanced and Comprehensive).^{*} Each level has associated activities designated as Required (R), Strongly Suggested (SS), or Suggested (S). See the **Crosswalk** on page 5.

All funding levels are required to attend trainings and meetings/conference calls associated with their appropriate scope of work and complete an annual diabetes resources assessment. Please note that some training costs will be the responsibility of the LHD. Whenever possible, trainings/meetings will be provided by webinar or phone, but some may require travel.

**LHDs with funding levels at the higher or lower ends of the range are encouraged to choose their activities accordingly.*

Staffing

Staff with various licensing, training, and skill sets can be used to complete this work; however, *a licensed health professional – preferably a licensed diabetes educator - is needed for the provision of Comprehensive DSME.* Staffing/programming must align with the National Standards for Diabetes Self-Management Education and Support

(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797385/>) as well as KRS 309.325 to 309.339 – Diabetes Educator Licensure (www.bde.ky.gov). Standard #5, of the National Standards for DSME indicates:

*One or more instructors will provide DSME and, when applicable, DSMS. At least one of the instructors responsible for designing and planning DSME and DSMS will be a registered nurse, registered dietitian, or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM [or licensed diabetes educator (LDE/MLDE)]. Other health workers can contribute to DSME and provide DSMS with appropriate training in diabetes and with supervision and support... Individuals who serve as lay health and community workers and peer counselors or educators may contribute to the provision of DSME instruction and provide DSMS if they have received training in diabetes management, the teaching of self-management skills, group facilitation, and emotional support. **For these individuals, a system must be in place that ensures supervision of the services they provide by a diabetes educator or other health care professional and professional back-up to address clinical problems or questions beyond their training.***

Other evidence-based models such as Stanford Diabetes Self-Management Program, Diabetes Education and Empowerment Program (DEEP), the Diabetes Prevention Program (DPP), etc. can be provided by a trained facilitator or coach.

Planning

Diabetes –CATALYST, the web-based planning and reporting system, is to be used for all levels to submit plans for the 809 cost center (<http://diabetes-catalyst.cquest.us/Home/default.asp>) as noted below: A flow chart is also included later in this guidance to assist you in completing plans in CATALYST.

- Basic – required interventions for this level will be prepopulated into the CATALYST workplan. LHDs will need to open this draft workplan and personalize it for their area. Items may be edited but not deleted.
- Enhanced – LHDs at this level are required to open the draft CATALYST workplan and personalize it as above, and then add required activities for the Enhanced level.
- Comprehensive - LHDs at this level are required to open the draft CATALYST workplan and personalize it as above, and then add required activities for the Comprehensive level.

Plans will be due via the CATALYST system on or before May 26, 2017.

Reporting

Diabetes-CATALYST is also to be used for reporting activities. Exceptions to this are:

- The CARE Collaborative which is to be reported in the CARE Collaborative Online Data Collection Tool
- Participants in the state accredited DSME program, *Healthy Living with Diabetes* are to be reported in DiaWEB.

All reporting for FY 18 must be completed in CATALYST by July 15, 2018.

Contact Person

Theresa Renn, RN, CDE, MLDE

(502) 564-7996 ext. 4442

theresa.renn@ky.gov

Important Dates:		
ITEM	DUE DATE	
	809	841
FY 18 plans entered in CATALYST	May 26, 2017	May 18, 2017
Diabetes Resources Assessment	March 31, 2018	N/A
FY 18 Reporting in CATALYST	July 15, 2018	July 15, 2018

Kentucky Diabetes Prevention and Control Program

Cost Center 809 (Diabetes)

FY 18 Crosswalk

S = Suggested, SS= Strongly Suggested, R = Required

Expectations for Funding Levels and Crosswalk with CATALYST Framework					
CATALYST Goal	CATALYST Activity Type (+ indicates priority activity)	Intervention	Basic ≤\$20,000	Enhanced >\$20,000-70,000	Comprehensive >\$70,000
E-1 Monitor D/M Health Status to identify health problems	+Community Needs or DM Resources Assessment	Update the KDPCP Community Diabetes Resources Assessment	R	R	R
	+Edu-Share Findings w/Stakeholders	Share findings from assessment with stakeholders (e.g., board of health)	R	R	R
E-3 Inform, Educate & Empower people about diabetes prevention health issues	+Edu-Presentation to Public Group	Prediabetes awareness presentation to public group (e.g., lions club, etc.)	R (at least 1 activity)	R (at least 1 activity)	R (at least 1 activity)
	Media Generic	Deliver prediabetes messaging to large audiences (radio, newspaper, etc.)	R (at least 1 activity)	R (at least 1 activity)	R (at least 1 activity)
	Edu-National DPP (used when LHD is providing the program alone or with partner)	Provide/Maintain CDC Recognized Diabetes Prevention Program (DPP) within County/service area.	S	R (if no other provider, if not doing DSME)	R (if no other provider)
E-3 Inform, Educate & Empower people about diabetes control health issues	+Edu-Comp DSME	Comprehensive DSME delivered at least 1 time annually per county	S	R (if no other provider, if not doing DPP)	R (if no other provider)
	+Edu-Non Comp. DSME	Provide brief/basic non-comprehensive diabetes education (e.g. <i>Diabetes or Nutrition Basics</i>)	R (unless offering DSME)	R (unless offering DSME)	S (DSME Required)
	+Edu-Presentation to Public Group	Diabetes awareness presentation to public group (e.g., lions club, etc.)	R	R	R
	Edu-Support Gr. w/ Edu.-Edu-Stanford D/M or CD Self-management Program	Provide diabetes self-management support (DSMS) and other evidence-based non-comprehensive education	S	SS	SS

CATALYST Goal	CATALYST Activity Type (+ indicates priority activity)	Intervention	Basic (≤\$20,000)	Enhanced (>\$20,000-70,000)	Comprehensive (>\$70,000)
E-4 Mobilize Partnerships/Re sources to identify and solve health problems	+Meeting- Attend/Facilitate D/M Coalition +Est. New Diabetes Coalition/Council	Establish or maintain a local diabetes coalition/community council - and link to the state coalition, the KY Diabetes Network (KDN)	S	SS	R
	Meeting- Kentucky Diabetes Network (KDN)	Participate in the state coalition (KDN)	S	SS	R (assist with leadership)
	Improve Environment (Worksite, Community Physical, Social, Econ.)	Promote efforts led by other partners/programs to create environments that support physical activity and/or healthy nutrition ("Step it Up," Farmers markets)	S	S	S
	Meeting/other Coalition	Maintain a local, regional, state, or national diabetes professional coalition (KADE, GLADE, TRADE, DECA) Participate in other related coalitions (PFK, Healthy Communities)	S	SS	SS
E-5 Influence/Develop public policies & plans that support individual & statewide diabetes efforts	+Edu-State/Local Policy Makers	Develop/Promote policies and payment mechanisms for DSME and DPP	S	S	R

CATALYST Goal	CATALYST Activity Type (+ indicates priority activity)	Intervention	Basic (≤\$20,000)	Enhanced (>\$20,000-70,000)	Comprehensive (>\$70,000)
E-7 Link people to needed personal diabetes Health Services/Education/ Access	+Distribute/Update Info-D/M Resource Dir	Enter/Update local diabetes resources and share with the community	R	R	R
	+Promote DSME/DPP Referrals/Referral Mechanisms	Facilitate referral/linkage to DSME and DPP from other LHD programs/activities (Go 365 screenings, family planning, etc.)	R	R	R
	+Build Relationships w/Local Service Providers	Establish referral mechanisms for DSME/DPP from providers, health plans (prescription pads, EHR prompts, e-referrals, marketing/awareness visits to providers, etc.)	SS	R	R
	+Promote DSME/DPP Reimbursement Models/Payment Mechanisms	Collaborate with state partners to develop/promote reimbursement models, policies and payment mechanisms for DSME and DPP	S	S	R
	+Establish New DPP/DSME Program	Build relationships with local agencies interested/potentially interested in offering DPP and/or DSME and provide support/link to resources	S	SS	R
	+Provide TA to Increase Accredited DSME/DPPs	Provide leadership/assistance to others working toward DSME Accreditation or CDC Recognized DPP	S	SS	R
	+Build Relationships w/Employers/Worksites +Promote Benefit Designs w/ DSME/DPP to Employers	DPP or DSME awareness efforts provided to 1 or more worksites (industry, schools, etc.) in the service region	S	S	SS

CATALYST Goal	CATALYST Activity Type (+ indicates priority activity)	Intervention	Basic (≤\$20,000)	Enhanced (>\$20,000-70,000)	Comprehensive (>\$70,000)
E-8 Assure competent public & personal diabetes health care workforce	+Attend CATALYST Plan/Report Training	Attend initial CATALYST training and updates as needed	R	R	R
	+Meeting – KDPCP (Conf. Calls, Webinars, meetings, etc.)	Attend scheduled 809 calls and Healthy Living calls/meetings if applicable (make other arrangements if not able)	R	R	R
	+Attend Training/Conf./CEU	Attend 1 or more: State Diabetes Symposium, Corbin symposium, TRADE, KADE, DECA or GLADE programs, or other CEU (and share)	R (for staff providing DSME)	R (for staff providing DSME)	R (for staff providing DSME)
	Attend National Conference	Attend AADE annual meeting or other applicable national meeting (AND, ADA)	S	SS	SS
	+Attend Training to Provide DPP	Complete DPP coaches training	R (if doing DPP)	R (if doing DPP)	R (if doing DPP)
	+ Attend Training to Provide DSME	Complete KDPCP training to provide DSME	R (if doing DSME)	R (if doing DSME)	R (if doing DSME)
	+Develop/Recruit New CDE/LDE	Pursue, and encourage others to pursue, CDE and/or licensure as a diabetes educator (LDE) if applicable	S	SS	SS
	Mentoring	Serve as Supervisor for Apprentice Diabetes Educator.	S	SS	SS
	+Edu-Presentation to a Prof Group Edu-Assist/w Training/Conf/CEU +Organize Training/Conf./CEU	Provide/assist with professional education trainings provided in the service region or state (eg. Symposium)	S	S	SS

CATALYST Goal	CATALYST Activity Type (+ indicates priority activity)	Intervention	Basic (≤\$20,000)	Enhanced (>\$20,000-70,000)	Comprehensive (>\$70,000)
E-9 Evaluate effectiveness, accessibility, & quality of diabetes care & prevention services	+Complete Readiness Assessment for Umbrella KDPH AADE Accreditation	For those doing DSME, consider application to be a part of the umbrella KDPH AADE accreditation program	SS (if doing DSME)	SS (if doing DSME)	SS (if doing DSME)
	+Submit Application for Nat. DPP Recognition	Those delivering DPP services need to apply for Recognition status with CDC	R (if doing DPP)	R (if doing DPP)	R (if doing DPP)
	+Report Annual # Unduplicated People in LHD Comp. DSME Classes	Report in CATALYST (unless already reported in DiaWeb as part of the DEAP) the # of unduplicated people attending at least 1 LHD comprehensive DSME class during the year.	R (if doing DSME)	R (if doing DSME)	R (if doing DSME)
	+Report Annual # Unduplicated People in LHD DPP Classes	Report in CATALYST the # of unduplicated people in DPP cohorts provided/completed during the year by the LHD.	R (if doing DPP)	R (if doing DPP)	R (if doing DPP)
Increase A1C, blood pressure, & cholesterol (ABC) testing/control among individuals with diabetes	+Media generic	Deliver diabetes cardiovascular health ABC's awareness information to large audiences (radio, newspaper, billboard, etc.)	R (at least 1 activity)	R (at least 1 activity)	R (at least 1 activity)
	+Edu-Presentation to Public Group, Media Activities, Distribute Materials, Display	Provide diabetes and cardiovascular health ABC's awareness campaign (ideally at least 3 different activities).	R (at least 1 activity)	R (at least 1 activity)	R (at least 1 activity)

CATALYST: Diabetes

CATALYST is the web-based program used to record diabetes activities each year. Each diabetes program has their “plan” for the fiscal year. This plan is developed, entered into the CATALYST program, and submitted each spring. The plan should include activities required to meet the guidelines for diabetes funding. Once approved by state staff, this is your guided plan for the activities you will be doing for the year. You will need a password to access CATALYST. You will receive your password after you are registered for training. See information below or contact reita.jones@ky.gov for the training.

<http://diabetes-catalyst.cquest.us/Home/>



Training Information

A recorded webinar training on Diabetes CATALYST is available at your convenience. Keep in mind that, at times, this training refers to FY 15 when workplans were not required. Workplans are required in FY 18. It is between 2 ½ and 3 hours long and includes practice sessions and questions from participants. You can break the viewing of the training up in more than one segment if needed.

The training can be accessed on TRAIN at <https://ky.train.org/DesktopShell.aspx>. The course ID # is 1056819. The handouts are in TRAIN on the registration tab and should be printed out in preparation for the training (*print 2 sided as there are quite a few pages*)

1. Select Speaker Slides
2. New User Guide for the Catalyst Diabetes Planning and Reporting System

Be sure that you have your CATALYST User ID and Password at hand before launching the webinar recording as you will be asked to log onto the CATALYST website (<http://diabetes-catalyst.cquest.us/Home/default.asp>) for the practice sessions during the training. Please contact Reita if you need a password assigned, have forgotten yours or if you are not able to log on for some reason.

Cost Center 841 (Diabetes Coalitions) - FY 18 Guidance Document

Background

This funding opportunity is to support evidenced-based public health approaches to diabetes prevention and control in alignment with the Department for Public Health's diabetes-related federal grant, the 2017 Kentucky Diabetes Report and other state plan documents.



Purpose

Funds are designated to help diabetes coalitions or councils promote consumer participation in comprehensive, recognized or accredited diabetes self-management education (DSME) programs and/or National Diabetes Prevention Programs (NDPP).

Eligible Applicants

Local health departments who received this funding in FY 17 and working with existing diabetes coalitions/councils with community of focus or a close adjacent community with one or more DSME (especially accredited or recognized programs) and/or NDPP provider are eligible to apply for this Diabetes Coalition Mini-Grant.

Submission Date

Applications must be completed and returned (hard copy or electronically) by **April 10, 2017**, to Reita Jones (*see contact information at the end of page two*).

Amount and Terms of Funds

Mini-grants of \$2,000-\$2,500 per coalition are being offered. A separate application is to be completed for each coalition even if it involves the same local health department. There will be up to 30 mini-grants awarded. Recipients will be notified by the end of April 18, 2017.

Use of Funds

These federal funds will be allocated in the 841 cost center and **must be expended and entered in the accounting system by June 29, 2018**. They may be utilized for the following related to the purpose of this mini-grant.

- Personnel – *to supplement the salary of facilitators and/or participants for the coalition effort and for individuals providing clerical support for the effort*
- Travel – *to reimburse travel related to coalition activities, related training and participation in the state coalition, the Kentucky Diabetes Network (KDN), as a*

representative of the coalition

- Office Operations – *for printing, duplicating, postage, office supplies and other related expenses*
- Other Operating- *for promotional activities, coalition meetings and seed money for population-focused coalition interventions*

Restrictions on Use of Federal Funds

Federal funds received in the 841 cost center cannot be used to support direct patient care, invasive screening, individual health services or the treatment of diabetes. In addition, the funds cannot be used for lobbying of federal or state legislative bodies.

Target Population

Adult Kentuckians with or at risk for diabetes or prediabetes are the population of focus for DSME or NDPP attendance. In addition, African American, Hispanic/Latino, senior and Appalachian populations have diabetes-related disparities and should be priority target audiences when applicable.

Interventions

Required:

- Local health departments that are awarded 841 funds are expected to **convene and work with coalition members to develop and implement a multi-intervention workplan** targeting at least one of the following two short term results or outcomes. Coalition membership may need to be expanded to assure that all relevant stakeholders are involved.
 1. Increase the number of participants in **diabetes self-management education** programs in community settings – especially American Diabetes Association recognized or American Association of Diabetes Educators accredited DSME programs.
 2. Increase the number of participants in the **National Diabetes Prevention Program** in community settings for the primary prevention of type 2 diabetes.
- Local coalitions are expected to have a representative participate in the state coalition, the Kentucky Diabetes Network, and report relevant information back to the local group.

Optional: Additional evidence-based population focused activities as determined by the coalition.

Workplan

Grant recipients will be expected to develop a workplan with their coalition members and enter it in CATALYST Diabetes under your appropriate coalition contractor for approval. Workplans are to be submitted by **May 18, 2017**.

Reporting

CATALYST Diabetes is to be used for reporting of all implemented activities. Reporting is to be completed by **July 15, 2018**.

Evaluation

Grant recipients are encouraged to collect and track the annual number of program participants for the targeted DSME and NDPP providers in the coalition community or adjacent community to establish baseline and trend data. The Diabetes Resource Assessment being completed for the 809 cost center can facilitate this effort.

Selection Criteria

Applications will be reviewed and scored according to the following criteria.

Compliance with submission guidelines – 25 points <ul style="list-style-type: none">• Received by April 10, 2017• Have all parts completed using the provided format
Number and diversity of coalition members – 25 points <ul style="list-style-type: none">• Diverse mix that represents various segment of the particular community• Includes DSME and/or DPP provider organization
DSME or DPP provider in applicant community or close adjacent community – 25 points
Past history of completing CATALYST reporting for 841/809 funds – 25 points

Contact Person

Reita Jones, Diabetes Community Health Coordinator
Chronic Disease Prevention Branch
275 E. Main Street, HS2W-E, Frankfort, Kentucky 40621
502/564-7996, ext. 4443 or reita.jones@ky.gov

Key Intervention: Community Diabetes Resource Assessment

What is it?

The Kentucky Diabetes Prevention and Control Program (KDPCP) and local health departments (LHD) work with community partners to assess, collect, and report on a variety of diabetes resources across the state. This information includes types of services available, contact information, utilization patterns, and more. When collected, this information is placed into the web-based Kentucky Diabetes Resource Directory <https://prd.chfs.ky.gov/KYDiabetesResources/>-- making it available to providers, people with and at risk for diabetes, and others.



The Community Diabetes Resource Assessment has two phases:

- **PHASE 1 – Collection and Entry of Information/Resources**

Using the 2016-17 Community Diabetes Resource Assessment toolkit provided each fall, LHDs reach out to community health care providers and organizations to collect information about diabetes-specific resources and services for entry into the Kentucky Diabetes Resource Directory. In addition, LHDs collect and report data regarding the numbers of people attending DPP or DSME services.



- **PHASE 2 – Survey Monkey Survey Completion**

Once all the community diabetes contacts/resources have been collected, total numbers for each diabetes category (by county) is tallied and entered into a Diabetes Assessment Survey Monkey Survey. The link for this survey will be listed on the Assessment forms and will also be shared in LHD monthly calls.



Why is it Important?

- Gives LHDs and their communities/partners/stakeholders information about their community
- Helps build/maintain relationships with other providers in your area
- The information collected is used to keep the web-based *Kentucky Diabetes Resource Directory* up-to-date. This web-based directory allows Kentuckians and their providers an avenue to search for diabetes resources such as diabetes prevention programs, diabetes self-management education classes, support

groups, diabetes specialists and more.

- Data collected allows for tracking and trending the number of evidence-based DPP and DSME services being provided in KY including the number of organizations providing them.
- A state diabetes contact list is also maintained via the data collected through this initiative.

Who can do it?

All LHDs are required to complete/update a Community Diabetes Resource Assessment each fiscal year. A variety of staff can be utilized to participate in the collection of data and/or updating the Diabetes Resource Directory. To begin gathering this information, it is necessary to interview/visit providers in your community that might be delivering specified diabetes services such as hospitals, provider offices, pharmacies, Federal Qualified Health Centers (FQHC)/clinics, Area Agency on Aging & Independent Living, Extension Services, and of course, health departments. An interview or visit will allow you to collect the most accurate and current information and assist you in continuing to build relationships with your local diabetes providers.

Training/Support

You will receive an assessment toolkit to assist you in completing the assessment for your area. Toolkits include specific instructions for the collection of diabetes resources and data and are usually sent out in the fall of each year. This information will also be covered during a LHD monthly conference call.

Due date

Assessment, data entry, and the survey are all due by March 31, 2018.

Questions

Questions should be directed to Janice Haile at (270) 686-7747, ext. 3031 or email Janice.haile@ky.gov .

Key Intervention: Diabetes Self- Management Education (DSME)

What Is DSME?

According to the *National Standards for Diabetes Self-Management Education and Support*, DSME is “The ongoing process of facilitating the knowledge, skill, and ability necessary for prediabetes and diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes or prediabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.”

http://care.diabetesjournals.org/content/37/Supplement_1/S144

KDPCP guidance states that DSME is a series of group classes, of at least 8 hours in length, delivered over a period of no more than 3 months. Classes may be taught in one day or over a series of days and include the minimum topics outlined by the ADA/AADE: ***Healthy Eating, Being Active, Monitoring, Taking Medications, Problem Solving, Healthy Coping, and Reducing Risk.***

Evidence Base for DSME

Group DSME, delivered in community settings, is an evidence-based intervention. See the Community Guide for Preventive Services at:

<http://www.thecommunityguide.org/diabetes/index.html>

Accreditation of DSME Programs

Programs can be accredited by the American Diabetes Association (ADA), or the American Association of Diabetes Educators (AADE). Both organizations are guided by the same “National Standards for Diabetes Self-Management Education and Support.”

- AADE- <http://www.diabeteseducator.org/ProfessionalResources/accred/>
- ADA- <http://professional.diabetes.org/diabetes-education>



The KDPCP has achieved national accreditation from AADE. The name of Kentucky’s program is: “Healthy Living with Diabetes, KY Department for Public Health (HLWD).” LHDs offering DSME classes who wish to work toward accreditation status as a branch of the state accredited program are invited to explore the opportunity by contacting Kim DeCoste (kim.decoste@ky.gov) or Becki Thompson (becki.thompson@ky.gov) to begin the readiness assessment process. Note: For programs who want to be part of the HLWD, at least one staff member must be a LDE or working toward their LDE as an apprentice LDE. There are health

departments that are independently accredited outside of the HLWD program. Your health department may choose to do this as well.

Who Can Teach DSME Classes?

KDPCP guidance dictates that DSME should be taught by licensed professionals who have completed the defined training program. Instructors must be licensed professionals (RN, RD, or Certified Nutritionist). Licensure as a Diabetes Educator (LDE) and/or Certification as a diabetes educator (CDE) is preferred.

Training

As noted above, only licensed clinical professionals such as RNs and RDs are eligible to teach the KDPCP Curriculum. If you are unsure of your eligibility, please contact Becki Thompson, Theresa Renn or Kim DeCoste prior to proceeding.

To start the training process, contact Becki Thompson, or Kim DeCoste at becki.thompson@ky.gov or Kim.DeCoste@ky.gov.

Reimbursement

- Medicare reimburses for DSME if the program is ADA/AADE accredited.
- DSME is a part of the LHD Medicaid “preventive package;” however, each MCO approaches this differently.
- Private insurers sometimes reimburse for this service, but there is no standard process.

Local Health Department Role in DSME

Efforts to increase access, referrals, and participation in accredited/recognized DSME programs in the service area is a program priority. This might be accomplished by providing the service yourself (and working toward accreditation/recognition); working with an adjacent LHD, contracting with a KDPCP trained provider to provide the service; and/or by working to promote an existing community program and increasing referrals to that program. Local health departments with comprehensive funding are also encouraged to work with the state staff and partners on efforts to promote reimbursement strategies/models to employers, and payers.

KDPCP DSME Curriculum

The curriculum is updated annually. Instructors are given permission to download the curriculum from TRAIN after training is complete. The curriculum is not to be shared with instructors who have not completed required training. Permission is granted to instructors to adapt any of the materials in this curriculum for classroom use, if the following line is added: “Adapted from KDPCP, 2016”. Any such changes should be shared with KDPCP. **Credit the KDPCP as the author of the KDPCP Curriculum and leave the logo on the presentation/slides.**

Kentucky Counties Covered by DSME Programs Accredited by the American Association of Diabetes Educators or Recognized by the American Diabetes Association.

A map of West Virginia showing its 55 counties. Each county is labeled with its name and a number representing its 1990 population. The counties are color-coded: yellow for populations between 10,000 and 20,000, light blue for populations between 20,000 and 30,000, and white for populations over 30,000. The map includes a legend in the top right corner with three categories: '10,000-20,000' (yellow), '20,000-30,000' (light blue), and 'Over 30,000' (white). The counties are arranged in a grid-like pattern, with the most populous counties (over 30,000) generally located in the eastern and central parts of the state, and the least populous counties (10,000-20,000) generally located in the western and northern parts of the state.

Key Intervention: National Diabetes Prevention Program (DPP)

What is the National Diabetes Prevention Program (DPP)?

- The National DPP is an evidence-based CDC-led behavior change program targeting individuals who have prediabetes. The research-based program has been proven to prevent or delay type 2 diabetes.

What is Prediabetes?

- Prediabetes means blood glucose (sugar) levels are higher than normal but not high enough to diagnose diabetes.
- 15-30% of people with prediabetes will develop type 2 diabetes within 5 years if measures to prevent it are not taken (people with prediabetes are also at higher risk for heart attack and stroke).

Evidence Base for Diabetes Prevention Program

- Research has proven that a program called the “National Diabetes Prevention Program” (abbreviated NDPP or DPP) can delay or reduce the risk of developing type 2 diabetes by 58% in those at high risk/prediabetes (71% for those age 60 and older).
- The DPP is a yearlong lifestyle change program including 16 core sessions delivered over the first 6 months (approximately weekly), and then maintenance sessions (approximately monthly) for the remainder of the year. Group class size is limited to about 15 participants.
- Visit the CDC DPP website at: <http://www.cdc.gov/diabetes/prevention/index.html>

CDC “Recognized” DPP Program

- CDC operates the “Diabetes Prevention Recognition Program” (DPRP) which recognizes DPP organizations (not individual providers).
- Organizations that wish to offer CDC-recognized lifestyle change programs must submit an application to CDC and follow certain standards—such as having trained lifestyle coaches and using a CDC-approved curriculum. This ensures consistency in the delivery of the National DPP.
- DPRP organizations are required to track results for all participants, send required data to CDC, and meet specific participant outcomes regarding weight loss to ensure that they are having an impact on preventing or delaying type 2 diabetes.

Who Can Provide the DPP?

- Direct providers of DPP are called coaches.



- Coaches can be health professionals, health educators, or other staff with expertise in leading or coaching groups.

Training

- Coaches may be trained to offer the program by a number of CDC approved trainers. CDC maintains a list of these approved trainers at: <http://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html>. In recent years, KDPCP has been able to facilitate training programs within Kentucky for a small fee (usual cost is approximately \$495-\$1,000 per person).

Reimbursement/Coverage

- The Kentucky Employee Health Plan (KEHP) covers the DPP for eligible KEHP members.
- Medicare will be including DPP in their benefit package starting in January 2018.

Local Health Department Role

- The Local Health Department role is to facilitate formation of a CDC Recognized DPP organization in your community and/or increase access and referrals to the DPP in your service area.
- As of August, 2016, Kentucky has 49 CDC Recognized DPP organizations, covering 76 counties, offering the program and the number is growing steadily.
- If you or an organization in your community is interested in offering the DPP, contact Janice Haile at Janice.haile@ky.gov

DPP Program Listings of Organizations and Map

Click on the links below to see a map and listing of the current Kentucky DPP organizations and counties covered.

<http://chfs.ky.gov/NR/rdonlyres/B2376645-8982-4D93-B20B-1B7225A3B8AD/0/DPPOrganizationsinKYMap.pdf>

<http://chfs.ky.gov/NR/rdonlyres/04C69A88-333E-4017-8482-5D13F4CC624C/0/AugustKYDPPOrganizationsListbyCountyMASTER.pdf>

Resources: Pamphlet Library Materials

The state pamphlet library, located in Frankfort, is a warehouse of public health-related materials. This library of resources can be accessed by all the local health departments **at no charge**. Below is a listing of diabetes-specific material currently housed at the pamphlet library. Note that this listing is updated frequently and subject to change. Please consult the pamphlet library or state staff for the most current information.

- KDPCP Two Pocket Folder
- KDPCP Plastic Bag
- KDN Plastic Bag
- KDPCP Brochure
- Kentucky Diabetes Resource Directory Post Card
- CDC Snapshot of Prediabetes in the United States Infographics flyer
- The Power of Prevention Brochure
- NIH Prediabetes What You Need to Know flyer
- CDC Prediabetes Screening Form
- CDC Diabetes Physical Activity Infographic Flyer
- NDEP My Game Plan Food and Activity Tracker
- CDC Diabetes Prevention Program Flyer
- CDC Snapshot of Diabetes in the United States Diabetes Infographics
- NDEP Know Your Blood Sugar Numbers
- CDC/AMA Preventing TYPE 2 Diabetes
- KDPCP Diabetes Basics Booklet-English
- KDPCP Diabetes Basics Booklet-Spanish
- KDPCP Nutrition Basics Booklet- English
- KDPCP Nutrition Basics Booklet-Spanish
- NDEP 4 Steps to Control Your Diabetes for Life Booklet
- Living Well with Diabetes, Krames-English workbook
- Being Prepared for a Disaster – Brochure
- NDEP Diabetes and Your Heart Flyer
- KDPCP If You Have Diabetes, Get Checked Magnet
- KDN My Diabetes Care Record
- KDPCP Have Diabetes? A Flu Shot Could Save Your Life!-Brochure
- KDPCP Have Diabetes? A Flu Shot Could Save Your Life!-Plastic Bag
- KDPCP Have Diabetes? A Flu Shot Could Save Your Life! - Poster



- KDN If You Have Diabetes Protect Your Eye Sight-Poster
- KDN Have Diabetes Protect Your Eye Sight- Brochure
- Gestational Diabetes When You and Your Baby Need Special Care, Krames – Booklet English
- Gestational Diabetes When you and Your Baby Need Special Care, Krames – Booklet Spanish
- CDC/NDEP I Can Control My Diabetes by Working with My Health Care Team-Flyer
- NDEP Guiding Principles for the Care of People With or at Risk for Diabetes
- CDC National Diabetes Prevention Program
- NDEP Working Together to Manage Diabetes- Book
- NDEP Tips for Kids With Type 2 Diabetes -Stay at Healthy Weight- Booklet
- NDEP Tips for Kids With Type 2 Diabetes –Eat Healthy Foods-Booklet
- Sharps Disposal Fact Sheet

Ordering Materials

The Publication Request form (CHFS-1210) is to be used when submitting an order to the Pamphlet Library. This form and instructions are available at:

<http://chfs.ky.gov/dph/info/lhd/LHDforms.htm>.

Pamphlet orders are only accepted by mail or by faxing the Pamphlet Library at (502) 227-7191. Telephone requests are not accepted. Also, it is helpful to send a copy of the front cover of the publication you are ordering. This will help ensure that you receive the correct material.



Resources: Websites/Other

Useful Websites:

Academy of Nutrition and Dietetics- www.eatright.org

American Diabetes Association (ADA) - www.diabetes.org

Juvenile Diabetes Research Foundation (JDRF) – <http://jdrf.org>
http://donate.jdrf.org/info/jdrf/?s_src=bingAdsPaidDiabetesFoundation

Kentucky Diabetes Network (KDN) – <http://www.kydiabetes.net>

Kentucky Diabetes Prevention and Control Program - www.chfs.ky.gov/diabetes

Kentucky Diabetes Resource Directory <https://prd.chfs.ky.gov/KYDiabetesResources/>

National Cholesterol Education Program (NCEP) - <http://www.nhlbi.nih.gov/about>

National Diabetes Education Program (NDEP) – www.YourDiabetesInfo.org

National Diabetes Information Clearinghouse (NDIC) - <http://diabetes.niddk.nih.gov/dm/ez.asp>

National Diabetes Prevention Program
<http://www.cdc.gov/diabetes/prevention/about.htm>

Cool Links

Other:

Changing Diabetes -Free – patient booklets, etc. English & Spanish
www.changingdiabetes-us.com

Becton-Dickinson - Free – patient booklets, posters, etc. English & Spanish. ALSO, free insulin syringes and needles for pens. www.bd.com/us/diabetes

Bell Institute Free healthy heart & nutrition handouts, clear bags, & cereal samples
www.bellinstitute.com

National Institutes of Health Free literature for people with diabetes – English & Spanish
<http://ndep.nih.gov/publications/index.aspx>

Learning About Diabetes Low literacy diabetes materials to reproduce. Has a onetime payment of \$25.00 for printing rights www.learningaboutdiabetes.org

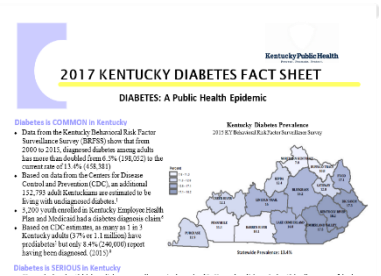
NOT JUST DIABETES ☺ - can order up to 100 copies of numerous health related booklets – Free.
<http://publications.usa.gov/>

Resources: Data

Kentucky Diabetes Fact Sheet

For the latest state data published on diabetes every 1 to 2 years follow the link below.

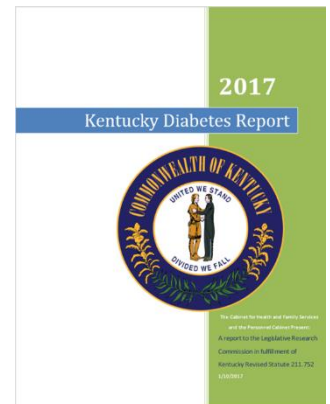
<http://chfs.ky.gov/NR/ronlyres/C53C3A41-C250-4A78-85E4-A3AB1670B79E/0/2016KYDiabetesFactSheetFinal.pdf>



Kentucky Diabetes Report

KRS 211.752 requires a Diabetes Report to the Legislature every two years (*jointly developed by the Department for Public Health, the Department for Medicaid Services, the Office of Health Policy and the Personnel Cabinet*).

<http://chfs.ky.gov/NR/ronlyres/7D367886-671C-435E-BCF4-B2A740438699/0/2015DiabetesReportFinal.pdf>



National, State, and County Data

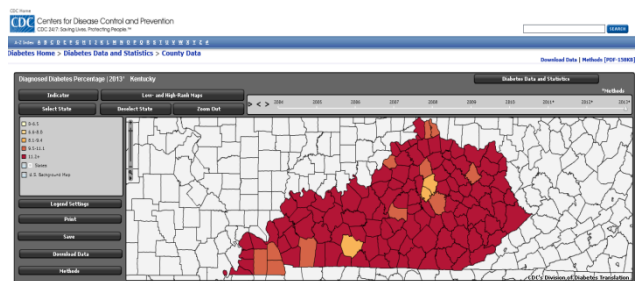
Visit CDC's interactive website at:

<http://www.cdc.gov/diabetes/data/index.html>



For county data, visit the CDC Atlas at

<https://www.cdc.gov/diabetes/atlas/countydata/atlas.html>



Resources: TRAIN Information

The TrainingFinder Real-time Affiliate Integrated Network (TRAIN) is the nation's premier learning resource for professionals who protect the public's health. TRAIN is comprised of the national site and participating TRAIN affiliate sites which are managed by many state public health agencies, academic partners, and others. Because all TRAIN sites are connected, TRAIN users can access information about state, local, national, or international training available to them through any participating TRAIN site. Learners can use TRAIN to:

- Search or browse the nationwide database for on-site or distance learning courses
- Sign up for e-mails about new courses
- Create a personal learning record of competency-based training
- Provide and view feedback about courses listed on the site
- Register online for many courses
- Earn CEUs (often at no cost)



Visit TRAIN at: www.ky.train.org

Diabetes Related Items in TRAIN		
Course/Material	TRAIN Number	Notes
CATALYST Training	1056819	Contact Reita Jones for CATALYST login and password access at: reita.jones@ky.gov
Diabetes Basics	1063912	By permission only. Click on the registration tab, and then click on the "Get Approval" button. Allow 2 business days for approval. Contact Becki Thompson at becki.thompson@ky.gov
KDPCP Taking Steps to Prevent type 2 Diabetes	1065292 (pending)	Community presentation regarding prediabetes and DPP for download and use in communities.
KDPCP Diabetes Self-Management Education Curriculum	1060294	By permission only. Contact Becki Thompson at becki.thompson@ky.gov
Nutrition Basics	1063915	By permission only. Click on the registration tab, and then click the on "Get Approval" button. Allow 2 business days for approval. Contact Becki Thompson at becki.thompson@ky.gov
Preparation To Teach DSME	1056140 - 1056145	Can only be accessed after other training components are completed. (CEU's included). Contact Becki Thompson for access code – becki.thompson@ky.gov
Review of Preparation To Teach DSME	1056146 – 1056149, 7736, 7738	Once you have completed the series of modules, 1056140-1056145, you can access individual modules separately for review using these numbers. (No CEU's available)

Acronyms/Terms/Abbreviations

A	
AAA	Area Agency on Aging. Promote the well-being of older individuals by providing services and programs designed to help them live independently in their homes and communities. http://chfs.ky.gov/dail/areaagenciesonaging.htm
AADE	American Association of Diabetes Educators. AADE is the leading organization for diabetes educators, professionals who are dedicated to supporting successful self-management as a key outcome in the care of people with and at risk for diabetes. Annual dues required for membership. Have annual conference; provide accreditation of programs, educational opportunities, List and locations of diabetes educators, etc. For more information visit website: www.diabeteseducator.org
ABC Awareness Campaign	Awareness materials that address A: A1C Control, B: Blood Pressure Control, C: Cholesterol Control
AADE 7	Self-Care Behaviors. AADE believes that behavior change can be most effectively achieved using the AADE7™ Self-Care Behaviors framework. The 7 self-care behaviors are: healthy eating, being active, monitoring, taking medication, problem solving, reducing risks and healthy coping.
ADA	American Diabetes Association. Mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. Dues required. Fund research to prevent, cure and manage diabetes. Deliver services to hundreds of communities. Education - provide objective and credible information. Advocate and give voice to those denied their rights because of diabetes. For more information visit website: www.diabetes.org
AHA	American Heart Association, www.americanheart.org . For information on stroke, heart attack, clinical updates, relation between diabetes and heart disease and more.
AHEC	Area Health Education Center: http://soahec.org/http://soahec.org/
AND	Academy of Nutrition and Dietetics. The Academy of Nutrition and Dietetics is a multidimensional organization that strives to improve the nation's health and advance the profession of dietetics through research, education, and advocacy. For more information visit website: www.eatright.org Source for trustworthy, science-based food and nutrition information. http://www.eatright.org/
B	
BRFSS	Behavior Risk Factor Surveillance System-is the world's largest, on-going telephone health survey system. http://www.cdc.gov/brfss/

C	
CARE Collaborative	The Cardiovascular, Assessment, Risk Reduction and Education (CARE) Collaborative, promoted by the KY Heart Disease and Stroke Prevention Task Force, is a free blood pressure awareness program for adults and is part of the <i>Million Hearts</i> Initiative.
CATALYST: Diabetes	Web-based computer program. Used for tracking LHD diabetes related activities in state. Yearly plan will be entered into system and as activities are completed, data will be entered into system. http://diabetes-catalyst.cquest.us/
CDC	Centers for Disease Control and Prevention. Funding is provided through grants to states to target specific diabetes and chronic disease initiatives. The CDC website provides information for the public and professionals about diabetes, including research, statistics, and educational publications. http://www.cdc.gov/Diabetes/
CDE	Certified Diabetes Educator. Credential, the National Certification Board for Diabetes Educators ("NCBDE") recognizes and advances the specialty practice of diabetes education. For more information visit website: http://www.ncbde.org
CDSMP	Stanford Chronic Disease Self-Management Program (lay leader model) http://patienteducation.stanford.edu/programs/cdsmp.html
Clinical-Community Linkages	Collaborations between health care practitioners in clinical settings and programs/services in communities.
CMS	Center for Medicare and Medicaid Services: http://www.cms.gov/http://www.cms.gov/
Cohorts	A group of individuals with a common statistical characteristic. For example, “a cohort of women between 25 and 30 years of age.” This term is often utilized for a specific group of DPP/NDPP class participants.
Cooperative Extension	http://extension.ca.uky.edu/
D	
DEAP	Diabetes Education Accreditation Program: AADE offers a streamlined quality accreditation process that increases the feasibility of expanding diabetes education services into diverse community settings. Accreditation instructions, sample documents, and the initial application can be found here. https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-(deap)
DECA	Diabetes Educators of the Cincinnati Area – a local networking group of the American Association of Diabetes Educators.
DEEP	Diabetes Education Empowerment Program: This program utilizes trained community health workers and is aimed at reducing diabetes mortality and morbidity and related complications. The Patient Education Program is implemented in 8-10 weekly sessions via a set curriculum. http://www.hvusa.org/services/in-allen-county-in/104-diabetes-education-empowerment-program-deep .

Diabetes Alert Day	Alert Day is usually on the third Tuesday in March. It is a call to take the Type 2 diabetes risk test http://www.diabetes.org/are-you-at-risk/alert-day/?loc=superfooter
Diabetes Basics	Is an educational booklet available in the pamphlet library. There is a two hour curriculum power point presentation and speakers notes available on TRAIN. Licensed health professionals meeting qualifications may register through TRAIN and are granted permission to download the curriculum. Register on TRAIN course module number 1063912. Print/download the booklet at: http://chfs.ky.gov/dph/info/dpqi/cd/PatTools.htm .
DiaWEB	Data Management System used for DSME activities – particularly those that are a part of the KDPCP accredited program - Healthy Living with Diabetes.
DPH	Department for Public Health. Housed in Frankfort. The Department for Public Health is the sole organizational unit of Kentucky's state government responsible for developing and operating all public health programs and activities for the citizens of Kentucky. These activities include health service programs for the prevention, detection, care, and treatment of physical disability, illness and disease. For more information visit website: http://chfs.ky.gov/dph/default.htm
DPP/NDPP	Diabetes Prevention Program. This is an evidence-based, year- long program that incorporates lifestyle changes proven to prevent or delay type 2 diabetes. Attendees learn lifestyle interventions to help them successfully reduce their body weight and participate in regular physical activity. Diabetes prevention Programs, recognized by the Center for Disease Control and Prevention (CDC), meet rigorous requirements to be designated “pending recognition” or “full recognition” status. This year-long program includes 16 sessions the first 6 months and 6-8 sessions that last 6 months. http://www.cdc.gov/diabetes/prevention/index.htm
DPP Provider Toolkit	Collection of materials/tools about DPP that are of interest to health care providers.
DSME	Diabetes Self-Management Education helps individuals with diabetes learn how to manage their disease and be as healthy as possible. It focuses on seven self-care behaviors: Being Active, Healthy Eating, taking Medications, Healthy Coping, Reducing Risk, Problem Solving, and Monitoring. Programs may be “Recognized” by the American Diabetes Association (ADA) or “Accredited” by the American Association of Diabetes Educators (AADE). Being “Recognized” or “Accredited” means these programs have met national standards for excellence in diabetes education. Healthy Living With Diabetes-Kentucky Department for Public Health is an “Accredited” program. <i>Comprehensive DSME– includes 6-8 hours of instruction, is taught by health professional (RN, RD, LDE) using a curriculum including core topics listed in Standard 6 of the NSDSMES. (KDPCP’s curriculum meets this standard.)</i> <i>Non-Comprehensive or DSMS– includes covering only certain topics or provides support services.</i>

DSMS	Diabetes Self-Management Support (DSMS) - Activities that assist the person with prediabetes or diabetes in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis beyond or outside of formal self-management training. These classes can be taught by a licensed health profession or by a non-licensed health professional (lay person) and includes Stanford's Chronic Disease Self-Management Program (CDSMP), Stanford's Diabetes Self-Management program (DSMP) , Joslin's On the Road Program, Centers for Medicare and Medicaid Services Diabetes Empowerment Education Program (DEEP) and others.
DTTAC	Diabetes Training and Technical Assistance Center: assists organizations to develop/grow effective diabetes prevention and control programs (customized trainings, a variety of tools and products, and individualized technical assistance). http://www.dttac.org/
E	
EPHS	Essential Public Health Services
G	
GLADE	Greater Louisville Association of Diabetes Educators - a local networking group of the American Association of Diabetes Educators (AADE). http://www.louisvillediababetes.org/
H	
HLWD	Healthy Living With Diabetes is the Kentucky Department for Public Health's accredited DSME program.
K	
KADE	Kentucky Association of Diabetes Educators – a local networking group of the American Association of Diabetes Educators (AADE) –covers central and Eastern KY http://www.kadenet.org
KDN	Kentucky Diabetes Network. KDN, Inc. is a statewide partnership of Kentucky organizations, associations, and individuals who have a professional or personal connection with diabetes. KDN meetings are held 4 times a year. There is no cost involved. For more information visit website: http://www.kydiabetes.net
KDPCP	Kentucky Diabetes Prevention and Control Program www.chfs.ky.gov/diabetes
KEEP	Kidney Early Evaluation Program. The National Kidney Foundation's Kidney Early Evaluation Program (KEEP®) offers free screening for those at risk - anyone 18 years and older with high blood pressure, diabetes or a family history of kidney disease. It is designed to raise awareness about kidney disease among high risk individuals and provide free testing and educational information, so that kidney disease and its complications can be prevented or delayed. For more information visit website: https://www.kidney.org/
KEHP	Kentucky Employee Health Plan

KHC	The Kentuckiana Health Collaborative was formed in 2003 and is dedicated to improving health status and healthcare in Greater Louisville and Southern Indiana and is convened by the UAW/Ford Community Health Initiative. The group is comprised of representatives that have a major stake in improving the healthcare system such as healthcare providers, health plans, hospitals, employers, public health organizations, government, labor unions, non-profit advocacy groups, the Greater Louisville Medical Society, and other healthcare-related stakeholders.
L	
LEAP	Lower Extremity Amputation Prevention (LEAP) is a comprehensive program that can dramatically reduce lower extremity amputations in individuals with diabetes mellitus, Hansen's disease, or any condition that results in loss of protective sensation in the feet. Free monofilaments. For more information visit the website: http://www.hrsa.gov/hansensdisease/leap/
LDE	Licensed Diabetes Educator. Licensure as a diabetes educator in Kentucky – visit www.bde.ky.gov
LHD	Local Health Department
LNG	Local Networking Group – groups of local diabetes educators affiliated with AADE National. See KADE, GLADE, TRADE, DECA
M	
MLDE	Master Licensed Diabetes Educator. Licensed as a diabetes educator in Kentucky a licensed diabetes educator who is also a CDE or BC-ADM
MNT	Medical Nutrition Therapy. Must be done by Registered Dietician or Clinical Nutritionist.
MOA	Memorandum of Agreement. A memorandum of agreement (MOA) or cooperative agreement is a document written between parties to cooperatively work together on an agreed upon project or meet an agreed upon objective.
MDPP	Proposed name of the DPP program to be covered by Medicare in 1/18.
N	
NCQA	National Committee for Quality Assurance: http://www.ncqa.org/Search.aspx?Search=diabetes
NDEP	National Diabetes Education Program. National Diabetes Education Program is a federally-funded program sponsored by the U.S. Department of Health and Human Services' National Institutes of Health and the Centers for Disease Control and Prevention and includes over 200 partners at the federal, state and local levels, working together to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of type 2 diabetes. NDEP and partners promote the messages and materials of two national public health campaigns, one created for people with diabetes and the other created for people at risk of diabetes. For more information or to request free publications visit website: http://www.niddk.nih.gov/HEALTH-INFORMATION/HEALTH-COMMUNICATION-PROGRAMS/NDEP/Pages/index.aspx
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases. Conducts and supports basic and clinical research on many of the most serious diseases

	affecting public health. For more information visit the website: http://www.niddk.nih.gov/Pages/default.aspx
NSDSMES	National Standards for Diabetes Self-Management Education and Support – designed to define quality DSME and assist diabetes educators in a variety of settings to provide evidence-based education: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797385/
Nutrition Basics	Is an educational booklet available in the pamphlet library. There is a two hour curriculum power point presentation and speakers notes available on TRAIN to accommodate it. Licensed health professional meeting qualifications may register through TRAIN and are granted permission to download the curriculum. Register on TRAIN course module number 1063915. Print/download the booklet at: http://chfs.ky.gov/dph/info/dpqi/cd/PatTools.htm .
P	
Pamphlet Library	Publication Request form or CHFS-1210 is to be used when submitting an order to the Publication Library located at Frankfort Habilitation, 3755 Lawrenceburg Road, Frankfort, Kentucky 40601-8412. Pamphlet orders are only accepted by mail or by faxing the Pamphlet Library at (502) 227-7191. Telephone requests are not accepted.
PHAB	Public Health Accreditation Board TRAIN Module: 1030975
Prediabetes	A blood sugar level higher than normal, but not high enough for a diagnosis of diabetes creating a higher risk for developing type 2 diabetes and other serious health problems, including heart disease, and stroke. Without intervention, 15% to 30% of people with prediabetes will develop type 2 diabetes within five years. (CDC)
PWD	Person With Diabetes
Q	
Q-Source	A Medicare Quality Improvement Organization/Network – (a group of health quality experts, clinicians, and consumers organized to improve the care delivered to people with Medicare), working with KY, IN, TN, AL, MS: http://atomalliance.org/
R	
Resource Directory	Current listing of diabetes-related service providers in KY and surrounding counties (DSME classes, DPP classes, MNT, and more): https://prd.chfs.ky.gov/KYDiabetesResources/
Results	Indicators that demonstrate an event or events are complete within a LHD workplan. In CATALYST, results are entered by LHDs on three screens – one screen for outputs, one for key partners and one for evaluation.
S	
SMART	Is an acronym for well written goals which are: Specific, Measurable, Achievable, Relevant, Time-bound
Stanford DSMP	Stanford Diabetes Self-Management Program (lay leader model): http://patienteducation.stanford.edu/programs/diabeteseng.html .

Standards of Medical Care in Diabetes	American Diabetes Association position statement that provides key clinical practice recommendations. The ADA's Professional Practice Committee performs an extensive literature search and updates the Standards annually based on the quality of new evidence. These standards are intended to provide clinicians, patients, researchers, payers and other interested individuals with the components of diabetes care, general treatment goals, and tools to evaluate the quality of care. http://care.diabetesjournals.org/content/39/Supplement_1/S4
Standards for DSME	Diabetes self-management education (DSME) is the ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. http://www.ncpanet.org/pdf/conferences/2013/daspa/national_standards_for_dsme.pdf
Step it Up	Surgeon General's call to action to promote walking and walkable communities. http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/index.html
T	
TA	Technical Assistance
TRADE	Tri-State Association of Diabetes Educators - a local networking group of the American Association of Diabetes Educators (AADE) --covers western KY and parts of southern IN, and IL.
TRAIN	<p>The TrainingFinder Real-time Affiliate Integrated Network (TRAIN) is the nation's premier learning resource for professionals who protect the public's health. TRAIN is comprised of the national site and participating TRAIN affiliate sites which are managed by many state public health agencies, academic partners, and others. Because all TRAIN sites are connected, TRAIN users can access information about state, local, national, or international training available to them through any participating TRAIN site. Learners can use TRAIN to:</p> <ul style="list-style-type: none"> ▪ Search or browse the nationwide database for on-site or distance learning courses ▪ Sign up for e-mails about new courses ▪ Create a personal learning record of competency-based training ▪ Provide and view feedback about courses listed on the site ▪ Register online for many courses ▪ Earn CEUs (often at no cost) <p>www.ky.train.org</p>

W	
Workplan	The documentation of what a LHD is planning to do during the fiscal year to utilize the 809 and 841 funds. It is entered in <u>CATALYST: Diabetes</u> by the LHD and incorporates SMART objectives and target audiences.

